United States Courts
Southern District of Texas
FILED

AUG 17 2020

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

David J. Bradley, Clerk of Cours

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The	Parties to This Complaint			
A.	The Plaintiff(s) See Attached for Additional Plaintiff			
	Provide the information below for needed.	each plaintiff named in the complain	int. Attach	additional pages if
	Name	ERic Jolivette e	+ a1 6	see attachal
	All other names by which			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	you have been known:	N/A		
	1D Number	02238241		
	Current Institution	HARRIS COUNTY SI	HERIFF'S	office JAIL
	Address	1200 BAKERST. (
		HOUSTON	TX.	27002
		City	State	Zip Code
B.	The Defendant(s)			
	individual, a government agency, a listed below are identical to those the person's job or title (If known) are	each defendant named in the complan organization, or a corporation. A contained in the above caption. For ad check whether you are bringing theiry, or both. Attach additional pages	Aake sure the an individual in an individual	iat the defendant(s) hal defendant, incluint against them in t
	individual, a government agency, a listed below are identical to those the person's job or title (If known) are individual capacity or official capacity.	an organization, or a corporation. A contained in the above caption. For ad check whether you are bringing t	Make sure the an individual this complaints are if neede	iat the defendant(s) hal defendant, incluint against them in t
	individual, a government agency, a listed below are identical to those the person's job or title (if known) are individual capacity or official capacity or	an organization, or a corporation. A contained in the above caption. For all check whether you are bringing to acity, or both. Attach additional particle, or b	Make sure the an individual this complaints are if neede	nat the defendant(s) and defendant, incluint against them in the defendant.
	individual, a government agency, a listed below are identical to those the person's job or title (if known) are individual capacity or official capacity or	an organization, or a corporation. A contained in the above caption. For ad check whether you are bringing to acity, or both. Attach additional particle, or bo	Make sure the an individualities complained by the second	sat the defendant(s) and defendant, incluint against them in the d. Suite # 911 17002 Zip Code
	individual, a government agency, a listed below are identical to those the person's job or title (if known) are individual capacity or official capacity or	an organization, or a corporation. A contained in the above caption. For ad check whether you are bringing to acity, or both. Attach additional particity, or both. Attach additional particity, or both. Attach additional particity, or both. Attach additional particity. LINA HIDAINA LINA LINA LINA LINA LINA LINA LINA	Make sure the an individualities complained by the second	sat the defendant(s) and defendant, incluint against them in the d. Suite # 911 17002 Zip Code
	individual, a government agency, a listed below are identical to those the person's job or title (If known) are individual capacity or official capacity or	an organization, or a corporation. A contained in the above caption. For ad check whether you are bringing to active, or both. Attach additional particity, or both. Attach additional particity. Lina Hidalgo Nin Hallis County UnKnawn 1001 Picston Linuston City Individual capacity	Aake sure the an individualities complained by the second	sat the defendant(s) sal defendant, incluint against them in the defendant of the same of
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	individual, a government agency, a listed below are identical to those the person's job or title (if known) are individual capacity or official capacity or Title (if known) Shield Number Job or Title (if known) Shield Number Employer	an organization, or a corporation. A contained in the above caption. For all check whether you are bringing to active, or both. Attach additional particity, or both. Attach additional particity. Lina Hidalgo Nin Harris County Unknown Horris County	Aake sure the an individualities complained by the second	and the defendant(s) and defendant, including against them in the defendant of the defendan
	individual, a government agency, a listed below are identical to those the person's job or title (if known) are individual capacity or official capacity or Title (if known) Shield Number Defendant No. 2 Name Job or Title (if known) Shield Number	an organization, or a corporation. A contained in the above caption. For all check whether you are bringing to active, or both. Attach additional particity, or both. Attach additional particity or both. Attach additional particity, or both. Attach additional particity or both. Attach additional particit	Aake sure the an individualities complained by the second	sat the defendant(s) sal defendant, incluint against them in the defendant of the same of

Name Job or Title (If known) Shield Number Employer Address	Administrators of Harris County and its Agents thereof Unknown Harris County County of Harris Libuston State Zip Code
Shield Number Employer	and its Agents thereof Unknown Harris County County of Harris The Tree Tree Tree Tree Tree Tree Tree T
Employer	Harris County County of Harris Libuston Tx 77 City State Zip Code
· •	Harris County County of Harris Libuston Tx 77 City State Zip Code
Address	County of Harris 1100ston Te 77 Clay State Zip Code
	City State Zip Code
	Individual capacity Official capacity
Defendant No. 4	
Name	
Job or Title (If known)	
Shield Number	
Employer	/ \
Address	
	City State Zip Code
	Individual capacity Official capacity
ities secured by the Constitution I Bureau of Narcotics, 403 U.S.	state or local officials for the "deprivation of any rights, privileges, or n and [federal laws]." Under Bivens v. Six Unknown Named Agents of 2. 388 (1971), you may sue federal officials for the violation of certain
Are you bringing suit against	(check all that apply);
Federal officials (a Biven	s claim)
State or local officials (a	§ 1983 claim)
the Constitution and [federal la	leging the "deprivation of any rights, privileges, or immunities secured by laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what tory right(s) do you claim is/are being violated by state or local officials?
Dileherate	Indifference "Eight Amendment Violat
	may only recover for the violation of certain constitutional rights. If you constitutional right(s) do you claim is/are being violated by federal
į	Job or Title (If known) Shield Number Employer Address Dr. Jurisdiction 42 U.S.C. § 1983, you may sue lities secured by the Constitution I Bureau of Narcotics, 403 U.S. ational rights. Are you bringing suit against Federal officials (a Biven State or local officials (a Section 1983 allows claims all the Constitution and [federal if federal constitutional or statut federal constitutional or statut Plaintiffs suing under Bivens, what of the constitution and I federal if federal in the constitution and I federal if federal constitutional or statut federal constitutional or statut federal constitutional or statut federal constitution and I federal in the constitution and I feder

Pro Se	14 (Rev. 12/)	16) Complaint for Violation of Civil Rights (Prisoner)
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
Each D Fcleul a	nd un	ant violated my eight AMENDMENT CONSTITUTIONAL Right Soul punishment by standards not authorised under Harris County Admits trafive and vidicial starvs.
ш.	Prison	er Status
	Indicate	Pretrial detainee Civilly committed detainee Immigration detainee Convicted and sentenced state prisoner Convicted and sentenced federal prisoner Other (explain)
IV.	State as alleged further any cas stateme	striefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain and of each claim in a separate paragraph. Attach additional pages if needed. If the events giving rise to your claim arose outside an institution, describe where and when they arose. The deposition of proper cleaning equiptment and materials. Denied the greess to adequate exposure to sunlight and fresh air denied the opportunity to maintain social distanting. If the events giving rise to your claim arose in an institution, describe where and when they arose.
		INIS INSIDE The 1200 St Baker vail of Hurris country TX IXX as During and from Musch 1st 2020 till currently Poged of

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

From March 2020 thru today's date of August 2020

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Because of the structure of the Building of the 1200 Baker street Jail. There are "NO WINDOWS" in its overall construction thereby, eliminating any possibility of receiving "ULTRA-VIOLATE" (Vitamin D) from sunlight and in light of the GIOBAL' Pandemic of "COVID 19", conditions at the Harris County Jail prohibits the possibility of maintaing social Distancing and proper sanitation.

V. Injuries

D.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

For the lack of Sunlight exposure, each Plaintiff suffer abesity, high
Blood Pressure. increased Blood Giucose Levels. Thyroid problems and complications,
as a result of limited to D cleaning supplies. Sanitizing supplies in doms and
cells, and not being allowed the apportunity to stal at least 6 feet apart, each Plaintiff
has recent tested positive for Coionovirus, and received has pitalization for treatment
and returned to "LIKE CONDITIONS" being further exposed to the Coronovirus
State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.
If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for
the acts alleged. Explain the basis for these claims.

Award monetary relief to each Plaintiff in the amount of \$1.5 million (One Million Five Hundred Thousand Dollars) 500,000. for Punitive Damages

500,000. for Pain and Suffering

500,000 for Mental Anguish

And Instruct the Administrator's of Narris County Lurisprudience, to comply with Local, State and Federal Regulations.

VII.	Exhai	ustion of Administrative Remedies Administrative Procedures
	with r	rison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought espect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined jall, prison, or other correctional facility until such administrative remedies as are available are sted."
		nistrative remedies are also known as grievance procedures. Your case may be dismissed if you have not sted your administrative remedies.
	A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? Yes
		□ No
		If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
		The Harris County Jan, 1200 Baker St. Houston Tx 77002
	В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
		Yes
		□ No
		Do not know
	c.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
		Yes
		□ Ng
		Do not know
		If yes, which claim(s)?
		the Not received a response from the "Grievance Board" since
		the initial filling of the Grievance dated, 07-21-2020

o Se 14 (Rev 1	2/16) Camplaint for Violation of Civil Rights (Prisoner)
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint? Yes If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes
	No No
E.	If you did file a grievance:
	with the Harris County Sherriffs affice 2. What did you claim in your grievance? Eight Amendment Violations: Sunlight deprivation Continued expasure to other pre-trial Detainees whom are recently arrested and "Haused" in General Repulation moderate cleaning supplies and santizers, inability to maintain 3. What was the result, if any? Proper distancing from positive Cavid 19 affended
	Pending Investigation 4. What steps if any did you take to appeal that decision? Is the prievance process completed? If
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) Grievance process is incomplete!

Pro Sc 1	4 (Rev 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
	F.	If you did not file a grievance: 1. If there are any reasons why you did not file a grievance, state them here:
		NA
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		MA
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	The "th the filin brought malicio	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ag fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, tan action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of scrious physical injury." 28 U.S.C. § 1915(g).
	To the l	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Ye	
	N₀	
	lf yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.
	endingspelons jak 6000 for	

Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?				
	Yes				
	N₀ N₀				
В.	If your answer to A is yes, describe each lawsuit by answering questions I through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)				
	1. Parties to the previous lawsuit				
	Plaintiff(s)				
	Defendant(s) // //				
	2. Court (if federal court, name the district; if state court, name the county and State)				
	3. Docket or index number				
	4. Name of Judge assigned to your case				
	5. Approximate date of filing lawsuit				
	6. Is the case still pending?				
	Yes				
	□No				
	If no, give the approximate date of disposition.				
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)				
	MA				
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your				

Pro Sc 14 (Rev. 12/16	i) Complaint for Violation of Civil Rights (Prisoner)
-	Yes
	☑ No
D.	If your answer to C is yes, describe each lawsuit by answering questions I through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s) ///
	2. Court (if federal court, name the district; if state court, name the county and State)
	N/A
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	NA

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Printed Na	of Plaintiff ume of Plaintiff ntification # dress	Eric Jolivette D 02238241 1200 BAKER Street	relto	
		Houston	TX. State	7700) Zip Code
For Attor	*			
		City	State	Zip Code

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT for the

Eric Jalivette	et al	}	
Plaintiff/Petitioner v.	1	- ; }	Civil Action No.
Lina Hiladgo	et al	_	
Defendant/Respondent)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: Harris County Joil, Harris County Texas. If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$, and my (specify pay period)	take-home pay or v	vages are: \$	per
3. Other Income. In the past 12 months, I have receive	ved income from the	following sources (chec	k ail that apply)
(a) Business, profession, or other self-employment	☐ Yes	@ No	
(b) Rent payments, interest, or dividends	O Yes	Ø No	
(c) Pension, annuity, or life insurance payments	O Yes	Ø1No	
(d) Disability, or worker's compensation payments	□ Yes	Ø No	
(e) Gifts, or inheritances	D Yes	□ No	
(f) Any other sources	O Yes	☐ No	

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/)	D) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)
5. Ar	y automobile, real estate, stock, bond, security, trust, Jewelry, art work, or other financial instrument or that I own, including any item of value held in someone else's name (describe the property and its approximate
the amount of the	housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide monthly expense):
with each per	mes (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship on, and how much I contribute to their support:
	y debts or financial obligations (describe the amounts owed and to whom they are payable): 127. 43 Faccount Payable to: Horris county
Decla statement may	ration: I declare under penalty of perjury that the above information is true and understand that a false result in a dismissal of my claims.
Date: 0 <u>3//</u>	12020 Eightette Applicant's signature Eric Jolivette Printed name

Houston Division

ADDRESS, HOURS, SECURITY and ELECTRONIC DEVICE POLICY

Location:

United States Courthouse 515 Rusk Avenue Houston, TX 77002 Correspondence:

David J. Bradley Clerk of Court P. O. Box 61010 Houston, TX 77208

Inmate Balance History Report - Simple

Between: 3/3/2020 12:00:00AM - 4/20/2020 11:59:59PM

Number:

02238241

Secondary: 004369210

Location: JA09 2A1A 01L 0000

Created: 4/20/2020 11:45:49AM

Name:

JOLIVETTE, ERIC DEVON

Transaction	<u>Date</u>	Transaction Amount	Running Balance	Running Owed	Running Other
Beginning Totals:	03/03/2020 12:00:00AM		0.00	(487.94)	0.00
TOUCHPAY BOOKING DEPOSIT	03/04/2020 03:26:35PM	0.00	0.00	(487.94)	0.00
PHYSICIAN / NURSE	03/13/2020 11:53:52AM	(16.00)	0.00	(503.94)	0.00
INTAKE CREDIT	04/17/2020 11:40:59AM	76.51	0.00	(427.43)	0.00
	Endi	Ending Totals:		(427.43)	0.00

Additional Plaintiffs in 1983 Class Action

- 1. Darrell Wayne Watson # 00258164
 Harris County Jail
 1200 Baker Street
 Houston, Tx. 17002
- 2 Kenneth Wayne HARPER #00331713 HARRIS COUNTY JAIL 1200 Baker Streat Houston, TX. 22002
- 3. RICHARD DERWIN HOWARD # 02327206
 HARRIS COUNTY JAIL
 1200 BAKER S+
 HOUSTON, TX 77002
 - 4 Leamon Dewayne O'Bryant 52048984
 Herris County Jail
 1200 Baker St 2ALA
 1200 Baker Tx 77002
 - 5) Joey Harper tozyoozuz Harris County Jail 1200 Baker St 2AIA Houston Tx 77002
- C) Martin Hernander #01068542 Harris County Je:1 1200 Baker St. Houslan Dr 77202
- 7 Edward James Gipson # 03056993

HARRIS COUNTY SHERIFF'S OFFICE JAIL

Cell: 27 11 Street 1200 Baker Name: Mr Erk SPN: 222 38

HOUSTON, TEXAS 77002

aramark

INDIGENT

United States Courts Southern District of Texes FILED

David A Bradley, Clerk of Court

AUG 17 2020

David J. Bradley
Clerk at Court
R.O. Box 61010
Houston, Tx. 77209